

# 2010-11 Coastal Carolina Combined Federal Campaign

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PRINT NAME (LAST)

FIRST

MIDDLE INITIAL

[www.coastalcarolinacfc.org](http://www.coastalcarolinacfc.org)



**iCare**

**iServe iProtect iCreate iTeach iHelp iBuild iShare iGive**

The 'iCare' logo features the word 'iCare' in a large, red-outlined font. Each letter contains a different image: 'i' shows a soldier in uniform; 'C' shows a mountain range; 'a' shows a young girl; 'r' shows a man and a child; 'e' shows a woman. A circular inset above the 'i' shows the American flag.



**Serving Berkely, Charleston, Colleton, Dorchester, Georgetown,  
Horry and Williamsburg Counties**

Donor Recognition

Please check the box and turn this sheet in to your Keyworker if your gift qualifies you as a :

- Eagle Club Member:** A pledge of \$600-\$999. You will receive a personalized Eagle statue (or a year plate for your statue if you a continuing member).
- Keeper of the Light Member.** A pledge of \$1000 or more. You will receive an original matted and framed print signed by our local artist, Simone Bland, depicting one of Charleston's national treasures.
- I do not wish to receive a recognition gift.

Suggested Guidelines for Giving			
Deduct This Amount Each Payday			
If Your Yearly Salary Is:	And Your Monthly Gift Is:	And Your deductions Are	
		Monthly (Military)	Every Two Weeks (Civilian)
\$ 10,000	1 Hour's Pay	\$ 4.81	\$ 2.22
\$ 15,000	1 Hour's Pay	\$ 7.21	\$ 3.33
\$ 20,000	1 Hour's Pay	\$ 9.62	\$ 4.44
\$ 25,000	1%	\$ 20.83	\$ 9.62
\$ 30,000	1%	\$ 25.00	\$ 11.54
\$ 35,000	1%	\$ 29.17	\$ 13.46
\$ 40,000	1%	\$ 33.33	\$ 15.38
\$ 45,000	1%	\$ 37.50	\$ 17.31
\$ 50,000	2%	\$ 83.33	\$ 38.46
\$ 75,000	2%	\$ 125.00	\$ 57.69
\$ 100,000	2%	\$ 166.67	\$ 76.92

This is not a Quota, what you give is YOUR decision. Please be as generous as you can.

**No Matter What You Choose to Give, Your Gift**

**Will Always Make a Difference**

Thank You For Caring

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2010-2011 Coastal Carolina Combined Federal Campaign

P.O. Box 63305 North Charleston SC 29419-3305 (843) 740-9000

CFC Campaign City/State Code: ATTENTION PAYROLL OFFICES: Only use this number to identify the local campaign. No. 0772 45 0410

Form with fields: PRINT NAME (LAST), FIRST, MIDDLE INITIAL, CHECK (if applicable) [Civilian, Military], FEDERAL AGENCY AND OFFICE, SOCIAL SECURITY NUMBER/EMPLOYEE ID, WORK ADDRESS & ZIP CODE, WORK PHONE NUMBER.

CONTRIBUTION: Fill in the blank showing the amount of your payroll allotment, cash or check contribution. Write in the total of your annual contribution in the space provided

Table with columns: ALLOTMENT SOURCE, AMOUNT, INTERVAL, TOTAL GIFT. Rows for MILITARY PAYROLL and CIVILIAN PAYROLL. Includes fields for Cash/Check Amount, Check Number, and Date of Contribution.

Table with columns: CHARITY CODE, ANNUAL AMOUNT. Multiple rows for designating gifts.

DESIGNATED GIFT: To designate one or more charities or federated groups, fill in the charity code(s) and dollar amounts above.

CFC organizations do not provide goods or service in whole or partial consideration for any contributions made to the organizations via this pledge card.

RECOGNITION OPTIONS

Form with fields: Release Pledge Amount (checkbox), Home Address (checkbox), Home E-mail (checkbox). Includes instructions on confidentiality.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2011 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2011 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

See reverse side for information on volunteer opportunities in your community.

CAMPAIGN SERVICE CENTER (801) 274-7500

PLEASE USE BALL POINT PEN & WRITE FIRMLY

COPY #1 - PAYROLL OFFICE

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**2010-2011 Coastal Carolina Combined Federal Campaign**

P.O Box 63305 North Charleston SC 29419-3305 (843) 740-9000

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 No. **0772 45 0410** Only use this number to identify the local campaign.

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	CHECK (if applicable) <input type="checkbox"/> Civilian <input type="checkbox"/> Military	FEDERAL AGENCY AND OFFICE	
WORK ADDRESS & ZIP CODE					WORK PHONE NUMBER ( )

CONTRIBUTION: Fill in the blank showing the amount of your payroll allotment, cash or check contribution. Write in the total of your annual contribution in the space provided

ALLOTMENT SOURCE	AMOUNT	INTERVAL	TOTAL GIFT
<b>MILITARY PAYROLL</b> Branch of Service?		X 12 months	\$
<b>CIVILIAN PAYROLL</b>		X 26 pay periods	\$
Cash/Check Amount: \$ _____ Check Number: _____ (make check payable to the Combined Federal Campaign)			Date of Contribution: _____

CHARITY CODE	ANNUAL AMOUNT

DESIGNATED GIFT: To designate one or more charities or federated groups, fill in the charity code(s) and dollar amounts above.

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**RECOGNITION OPTIONS**

**Release Pledge Amount**  Box must be checked

(Every designated charity will be notified of your gift amount.)  
 In order to protect your information and maintain confidentiality, each field below requires two steps. Your information will NOT be released unless the field is filled in AND the box is checked. By completing the line(s) below AND checking the box, your name along with the corresponding information will be released to your designated charities.

Home Address \_\_\_\_\_  Box must be checked

\_\_\_\_\_  Box must be checked

Home E-mail \_\_\_\_\_  Box must be checked

**PAYROLL DEDUCTION AUTHORIZATION**

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COPY #2 - TO THE CENTRAL RECEIPT POINT

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# 2010-2011 Coastal Carolina Combined Federal Campaign

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CFC Campaign City/State Code:  
No. **0772 45 0410**

**ATTENTION PAYROLL OFFICES:**  
Only use this number to identify the local campaign.

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	CHECK (if applicable) <input type="checkbox"/> Civilian <input type="checkbox"/> Military	FEDERAL AGENCY AND OFFICE	
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WORK ADDRESS & ZIP CODE	WORK PHONE NUMBER ( )
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CONTRIBUTION: Fill in the blank showing the amount of your payroll allotment, cash or check contribution. Write in the total of your annual contribution in the space provided

ALLOTMENT SOURCE	AMOUNT	INTERVAL	TOTAL GIFT
<b>MILITARY PAYROLL</b> Branch of Service?		X 12 months	\$
<b>CIVILIAN PAYROLL</b>		X 26 pay periods	\$
Cash/Check Amount: \$ _____		Check Number: _____	Date of Contribution: _____
<small>(make check payable to the Combined Federal Campaign)</small>			

CHARITY CODE	ANNUAL AMOUNT

DESIGNATED GIFT: To designate one or more charities or federated groups, fill in the charity code(s) and dollar amounts above.

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### RECOGNITION OPTIONS

**Release Pledge Amount**  Box must be checked

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In order to protect your information and maintain confidentiality, each field below requires two steps. Your information will NOT be released unless the field is filled in AND the box is checked. By completing the line(s) below AND checking the box, your name along with the corresponding information will be released to your designated charities.

Home Address \_\_\_\_\_  Box must be checked

\_\_\_\_\_  Box must be checked

Home E-mail \_\_\_\_\_  Box must be checked

### PAYROLL DEDUCTION AUTHORIZATION

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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COPY #3 - CONTRIBUTOR - KEEP FOR PERSONAL TAX RECORDS

## **PRIVACY NOTICE**

Executive Order No. 12353 authorizes the U.S. Office of Personnel Management to conduct fund raising activities and to establish procedures for collecting information related to such activities.

Executive Order 9397 (November 22, 1943) authorizes the use of the Social Security Number (SSN). This collected information will be disclosed to organizations maintaining the accounting of contributions and to your payroll office.

Additional disclosure may be made to the Department of Treasury to make proper financial adjustments to a court or another agency when the government is party to a suit; and to the Internal Revenue Service and state and local taxing authorities regarding income tax returns.

The furnishing of the SSN, along with other data requested, is voluntary. However, failure to furnish any of the requested information may result in errors or noncompliance with your request for a payroll deduction by your agency.

If you are making a one-time, lump-sum gift and, therefore, not using the payroll deduction method of payment, you are not required to furnish your SSN.

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### **Find a Volunteer Opportunity**

The USA Freedom Corps Volunteer Network can help you access service opportunities near your home or office, across the country, or overseas. Just go to [www.volunteer.gov](http://www.volunteer.gov), enter geographic information, such as zip code or state, and your area of interest to find out how you can get involved.